

**METROPOLITAN DEVELOPMENT COMMISSION
OF MARION COUNTY, INDIANA**

**CERTIFICATE OF LEGALLY ESTABLISHED NON-CONFORMING USE
Real Estate Affidavit**

Address of Subject Property:

Information about the person completing this affidavit (should be someone other than the property owner or applicant):

Name: _____	Phone: _____
Address: _____	FAX: _____
_____	Zip Code: _____
Email: _____	

What is your relationship to the property indicated in the box above?

	Date		Date
<input type="checkbox"/> Former owner	From _____	to	_____
<input type="checkbox"/> Tenant	From _____	to	_____
<input type="checkbox"/> Former tenant	From _____	to	_____
<input type="checkbox"/> Neighbor	From _____	to	_____
<input type="checkbox"/> _____	From _____	to	_____

Describe in detail the activity on the property during the time period for which you have personal knowledge. Attach additional sheets, if necessary.

Did the use of the property, or structures associated with the use, change in any way during the period of time for which you have personal knowledge? If so, describe in detail. (For example, describe any change in the number of dwelling units, change in business type, construction of building additions, change in size or location of signs, addition of parking area, etc.)

To your knowledge, has the property, or buildings on the property, ever been vacant for a period of one year or longer? If so, describe the dates and applicable details.

To your knowledge, was the property cited for any violation of laws pertaining to safety, fire, the environment, or public health, or were there any convictions for criminal activity occurring on the property from October 1, 1994 to September 30, 1996? If so, provide dates and applicable details.

Provide names, addresses, and telephone numbers of any persons who can verify your statements or who can provide historical information for the time prior to your personal knowledge of the property.

Name: _____	Name: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Phone Number: _____	Phone Number: _____
FAX: _____	FAX: _____
e-mail: _____	e-mail: _____

Please attach any supporting evidence such as photographs, newspaper clippings, etc.

Oath: I affirm under the penalties of perjury that the above information, to my knowledge and belief, is true and correct.

Signature

Printed Name

STATE OF INDIANA,
COUNTY OF MARION, SS:

Subscribed and sworn to before me this

_____ day of _____, 20 _____

Notary Public

Printed Name of Notary Public

My Commission expires: _____

My County of residence: _____